	64-13-01 (TENNIN DOCKET 212 CONNIN)								
	UTILITY PATENT APPLICATION				ATTORNEY DOCKET 81360DMW				
	TRANSMITTAL UNDER 37 CFR 1.53(b)				Customer No. 01333				
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		PULATIONS						<u>-</u>	
	First Named Inventor (or Application Identifier):								
	Nat	han D. Cahill							
					1,				
	Encl	osed are:							
	1.	X Specification			V 6.	X Assig	gnment of the invention to		
						East	man Kodak Company		
	2.	3 Sheet(s) of drawin	ng(s)		7.	Certi	fied copy of a priority		
	3.	X Information Discl	osure Statement Und	er 37 CER	8.	docu	ment. ciate Power of Attorney		
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			D. t t A mulio ation	and Darror	of Attorn				
*	4.	Combined Declaration f	or Patent Application	1 and Fower	or Auoin	Jy.			
	ŭ	4a. X New Copy from	a prior application (3	87 CFR 1 630	d) (for co	ntinuation/di	visional with Box 11 comp	leted)	
	Q.		Reference (useable if		9.	Dele	etion of Inventor(s).	,	
	III.						t attached deleting inventor	r(s) named	
	checked) The entire disclosure of the prior application, from Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and								
	is considered as being part of the disclosure of the accompanying 1.33(b).								
	app	amplication and is hereby incorporated by reference therein.							
	10.	10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1,							
		after the title, by inserting the following:							
	325	CROSS REFERENCE TO RELATED AFFLICATION							
	14								
	a CONTINUING APPLICATION, check appropriate box and supply the requisite information:								
	11.	CID - Coming configuration No.							
	20000	into Control of the C							
	12.	12. X Please address all written communications to Thomas H. Close, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.							
		Please Direct all te	lenhone calls to Day	id M. Woo	ds at (7)	6) 477-525	56.		
	Please Direct all telephone calls to David M. Woods at (716) 477-5256. The filing fee has been calculated as shown below:								
	The	FOR:	NO. FILED	NO. EXT	RΔ	RATE	FEE		
	RA	SIC FEE	140.111.50	110. 12.11	-		\$ 710		
		TAL CLAIMS	36 - 20 =	16		x 18 =	\$ 288		
		DEPENDENT CLAIMS	4 - 3=	1		x 80 =	\$ 80		
		MULTIPLE DEPENDE	NT CLAIM PRESE	NTED		+ 270	\$0		
						TOTAL	\$ 1078		
	X	Please charge my Eastm					e amount of \$ 1078.		
		A duplicate copy of this sheet is enclosed							
	X The Commissioner is hereby authorized to charge any additional filing fees required under								
	37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. <u>05-0225</u> . A duplicate copy of this sheet is enclosed.								
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				l	bun	IM W	onls		
	DMW/RGR D					ful M. Wordsavid M. Woods			
						ttorney for Applicants			
	Т	elephone: (716) 477-5	256		egistration No. 27,171				
		csimile: (716) 477-46		IX.	251511411	,			
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